

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 144
Registered No. 178

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____

2. Full name of child Arthur Gillan Lockman (If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child m. To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth 1 6. Legitimate? yes. 7. Date of birth May 5, 1929
Month Day Year

8. FATHER
Full name Arthur Lockman
9. Residence (Usual place of abode) Globe.
If non-resident, give place and state.
10. Color or race W.
11. Age at last birthday 23 (Years)

14. MOTHER
Full maiden name Lucy Lockman
15. Residence (Usual place of abode) Globe
If non-resident, give place and state. Ariz
16. Color or race W.
17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Moumci
(State or country) Arizona
13. Occupation Bookkeeper
Nature of industry

18. Birthplace (city or place) Globe
(State or country)
19. Occupation Housewife
Nature of industry

20. Number of children of this mother 1 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(b) Born alive but now dead _____
(c) Stillborn _____
21. Were precautions taken against ophthalmia neonatorum? yes.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6:30 a. m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature R. D. Kennedy
(Physician or midwife).

Given name added from _____ Address _____
a supplemental report _____
Month, day, year _____
Registrar _____

Filed 6/7 1929 G. E. Leighton Registrar

135-505-326

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.